

KENTUCKY COUNCIL ON POSTSECONDARY EDUCATION

1024 CAPITAL CENTER DRIVE, SUITE 320
FRANKFORT, KENTUCKY 40601-8204
PHONE: (502) 573-1555
FAX: (502) 573-1535

APPLICATION FOR RESIDENCY DETERMINATION for Participation in the SREB Academic Common Market and Kentucky Optometry and Veterinary Medicine Contract Programs

GENERAL INSTRUCTIONS

These general instructions apply to the total application. Additional special instructions may accompany some sections.

- 13 KAR 2:045, *Determination of Residency Status for Admission and Tuition Assessment Purposes*, should be read entirely before completing this form. The procedures and definitions of the regulation will be applied in determining residency classification.
- Answer all questions that apply to your situation.
- Appropriate documentation (a **Kentucky income tax return** plus other items in some situations) must be submitted with the completed form.
- This document must be signed and notarized.

PROGRAM AND INSTITUTIONAL INFORMATION

Program and College/University to which you plan to apply/attend:

Academic Common Market (*Attach a copy of your letter of acceptance.*):

Institution Name: _____

City/State: _____

Major: _____ Degree: _____

Optometry:

Southern College of Optometry ____ University of Alabama ____ University of Indiana ____ All 3 ____

Veterinary Medicine:

Auburn ____ Tuskegee ____ Both ____

I. PERSONAL INFORMATION

1. Name: _____
(Last / First / Middle / Maiden / Jr., II, etc.)

2. Social Security Number: _____ - _____ - _____

3. Permanent Address: _____
(Street)

(City, County, State, ZIP)

4. Present Address: _____
(Street)

(City, County, State, ZIP)

5. Send correspondence to my ____ permanent address or my ____ present address.

6. Phone Number: Home (____) _____ Work (____) _____

II. BASIS FOR APPLICATION

Please indicate below the basis of your application for residency status.

- ___ Independent person demonstrating domicile and residency in Kentucky.
- ___ Dependent person demonstrating residency and domicile of resident parent(s) ___ or legal guardian ___.
- ___ Seeking Kentucky residency status provided under Section 7 of 13 KAR 2:045 (duty in the armed forces).

III. ENROLLMENT INFORMATION

1. Indicate the term and year for which this application should be considered:
Fall ___ Spring ___ Summer ___
2. Are you currently enrolled in a college or university? ___ Yes ___ No
If Yes, where: _____
How many credit hours are you currently taking? _____
3. Have you previously filed an application for determination of residency status? ___ Yes ___ No
If Yes, for what term? _____

IV. DETERMINATION OF DEPENDENT / INDEPENDENT STATUS

Dependent status and independent status are defined in Sections 1 (5) and 1 (9) of the residency regulation. A dependent person has the residency of his or her parents; an independent person has the opportunity to demonstrate individual residency.

1. Did you file a federal or state income tax return as an independent person claiming yourself as an exemption?
Federal? ___ Yes ___ No State? ___ Yes ___ No
If Yes, for what most recent year? _____
2. Did either of your parents claim you as a dependent for the tax year preceding the date of this application on federal or state income tax forms?
Federal? ___ Yes ___ No State? ___ Yes ___ No
If No, when did either of your parents last claim you as an exemption on a:
Federal income tax form? _____ State income tax form? _____
3. Does your parent or any other person currently claim you as a dependent or as an exemption for federal or state tax purposes?
Parent? ___ Yes ___ No Other Person? ___ Yes ___ No
If Yes, Who? _____
4. Indicate your present means of financial support and sustenance.

Please see definition of sustenance in Section 1 (17) of the residency regulation.

If you are applying as a new high school graduate, give percentages of financial support. If you are not a new high school graduate or if you are applying to an optometry or veterinary medicine program, give dollar amounts.

Annual Support

Work _____ Spouse _____ Parent _____ Other Persons _____ Scholarships _____

Grants _____ Assistantships _____ Loans _____ Trusts _____ Other _____

For other, please explain. _____

When did your parent(s)/legal guardian last provide you with any of the above-listed support? Month/Year _____

V. INFORMATION IN SUPPORT OF DOMICILE

1. When did your present (i.e., your latest) stay in Kentucky begin? Month/Year _____
2. What was your primary reason for coming to Kentucky? _____

3. What is your primary reason for living in Kentucky at this time? _____

4. What family do you have presently living in Kentucky? _____

5. Are you a citizen of the United States? ____ Yes ____ No
If Yes, proceed to question number 6.

Pursuant to Section 8 (2) of the residency regulation, a person holding a permanent residency visa or classified as a political refugee shall establish domicile and residency in the same manner as any other person. In addition to holding a permanent residency classification, a person must demonstrate domicile by a preponderance of evidence.

If you are not a citizen of the United States, what is your country of citizenship? _____

Are you a political refugee? ____ Yes* ____ No

Do you have a permanent visa? ____ Yes* ____ No

If you have a permanent visa card*, please give the card number, the date issued and the date of expiration:

Card Number: _____ Date Issued: _____ Expiration Date: _____

What type of visa do you hold*? _____

What is the status of your passport*? _____

***You must provide documentation of these items.**

6. List the places where you have lived for at least the past five years (beginning with your most recent address):

Date(s) M/Y From – M/Y To	Place of Residence Number / Street / City / State
_____	_____
_____	_____
_____	_____
_____	_____

7. List the name of your high school, the state in which it is located, and the date of graduation or GED:

School Name: _____

City / State: _____

Date of Graduation or GED: Month/Year _____

8. List educational institution(s) attended after high school (beginning with most recent institution):

Educational Institution	City/ State	Dates Attended From To M/Y M/Y	Full/ Part Time	Tuition Paid (In-State or Out-of-State)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Have you lived in Kentucky while enrolled in 6 or fewer hours for the 12 months preceding the first day of classes of the term for which you are applying? ____ Yes ____ No

10. Did you file a Kentucky state income tax return for either or both of the past two years? ____ Yes ____ No
If Yes, please list the year(s): _____, _____

11. Have you accepted full-time employment or transfer to an employer in Kentucky? ____ Yes ____ No
Have you accepted full-time employment or transfer to an employer in an area contiguous to Kentucky while maintaining domicile in Kentucky? ____ Yes ____ No

12. List your employers for the past five years (beginning with the most recent):

Dates		Employer	City/State	Average Number Worked Hrs/Wk - Wks/Yr
From – To M/Y M/Y				

13. Do you have current licensing or certification for professional or occupational purposes in Kentucky?
____ Yes ____ No If Yes, what type? _____

14. Have you paid the following taxes in Kentucky during the 12 months preceding the first day of classes of the term for which you are seeking a determination of residency status?
Occupational: ____ Yes ____ No Real Property: ____ Yes ____ No

15. What real property do you, your parents, legal guardian, or spouse own and in which state is it located?
Indicate which property is used by you as a residence.

Property Owned By	Location of Property Owned	Used by Student for Residency? (Y/N)	Dates Used as Residence From (M/Y) To (M/Y)	

16. Do you have a lease for 12 months or more for noncollegiate housing in Kentucky? ____ Yes ____ No

17. Are you currently registered to vote? ____ Yes ____ No

If Yes, where? ____ Kentucky ____ Other (specify) _____

Have you ever been registered to vote in a state other than where you are currently registered? ____ Yes ____ No

If Yes, where and when were you last registered? State _____ Year _____

18. Do you operate a motorized vehicle? ____ Yes ____ No

If *Yes*, is this vehicle registered in your name? ____ Yes ____ No

If *No*, in whose name is the vehicle registered? _____

State in which the vehicle is registered _____ Vehicle License Number _____

If you do not operate a vehicle, what is your means of transportation? _____

Number of miles you travel to campus: _____ Number of miles you travel to work: _____

19. Driver's License Number: _____ State in which license was issued: _____

20. Where do you live during school vacation periods? ____ Kentucky ____ Other (specify) _____

Response regarding military service may have some bearing on your classification if any part of Section 7 is relevant to your situation.

21. Are you now, or have you been, in the military? ____ Yes ____ No

If *Yes*, please supply the following information:

When did you become an active member of the military? Month _____ Year _____

List active military service. (Exclude time spent in the Reserves.) From (M/Y) _____ To (M/Y) _____

Was Kentucky your state of residency when inducted? ____ Yes ____ No (specify) _____

If *No*, what date, if any, did address change to Kentucky? Month _____ Year _____

Did you maintain, or are you maintaining, Kentucky as your legal residence while in the service?

____ Yes ____ No

Date of discharge: Month _____ Year _____

VI. SUPPORTING INFORMATION

Supporting Information relates to the basis for your request for determination of residency status. Complete all relevant items in this section.

1. Parents

Father's name: _____

Father's permanent address: _____

Father's mailing address: _____

City / State: _____

Father's telephone number: (____) _____

How many years (continuously) has your father been living in Kentucky, if at all? _____

Provide the following information on your father's current employer:

Name / Address: _____

Telephone: (____) _____ Date current employment began: M/Y _____

Father's visa type, if applicable: _____

Mother's name: _____

Mother's permanent address: _____

Mother's mailing address: _____

City / State: _____

Mother's telephone number: (____) _____

How many years (continuously) has your mother been living in Kentucky, if at all? _____

Provide the following information on your mother's current employer:

Name / Address: _____

Telephone: (____) _____ Date current employment began: M/Y _____

Mother's visa type, if applicable: _____

2. Legal Guardian (complete if applicable)

Legal Guardian's name: _____

Legal Guardian's permanent address: _____

Legal Guardian's mailing address: _____

City / State: _____

Legal Guardian's telephone number: (____) _____

How many years (continuously) has your legal guardian been living in Kentucky, if at all? _____

Provide the following information on your legal guardian's current employer:

Name / Address: _____

Telephone: (____) _____ Date current employment began: M/Y _____

Guardian's visa type, if applicable: _____

3. Spouse

Marriage to a Kentucky resident may be a factor in determination of your residency status Section 10 (2) (k). If your spouse has fulfilled requirements for residency and domicile in Kentucky, it is very important that this section be completed and accompanied by supporting documentation. If you are filing this application as an independent person in your own right, several items in this part of the application may still be supportive of your own claim to residency and domicile.

Name of spouse: _____

Date of marriage: Month/Year _____

What family does spouse have presently living in Kentucky? _____

List your spouse's place(s) of residence for at least the past five years (beginning with most recent address):

Date(s) M/Y From – M/Y To	Place of Residence Number / Street / City / State

List the name of your spouse's high school, state located, and date of graduation or GED:

School Name: _____

City / State: _____

Date of Graduation or GED: Month/Year _____

List educational institution(s) attended by spouse after high school (beginning with most recent):

Educational Institution	City/ State	Dates Attended		Full/ Part Time	Residency for Tuition Purposes (In-State or Out-of-State)
		From M/Y	To M/Y		

List your spouse's employers for the past five years (beginning with the most recent):

Dates From – To M/Y M/Y		Employer	City/State	Average Number Worked Hrs/Wk - Wks/Yr

Did your spouse file a Kentucky state income tax return for either or both of the past two years?

___ Yes ___ No If Yes, please indicate years: _____, _____

Did your spouse file a federal or state income tax return as an independent person claiming you as an exemption?

Federal? ___ Yes ___ No State? ___ Yes ___ No

If Yes, for what most recent year? _____

Did either of your spouse's parents claim your spouse as a dependent for the tax year preceding the date of this application on federal or state income tax forms?

Federal? ___ Yes ___ No State? ___ Yes ___ No

Indicate your spouse's present means of financial support and sustenance.

Please see definition of sustenance in Section 1 (17) of the residency regulation.

If you are applying as a new high school graduate, give percentages of financial support. If you are not a new high school graduate or if you are applying to an optometry or veterinary medicine program, give dollar amounts.

Annual Support

Work _____ Spouse _____ Parent _____ Other Persons _____ Scholarships _____

Grants _____ Assistantships _____ Loans _____ Trusts _____ Other _____

For other, please explain. _____

When did your spouse's parent(s)/legal guardian last provide you with any of the above-listed support?

Month/Year _____

4. **Military** (Complete if either parent, guardian, or spouse is, or has been, in the military.)

Indicate which of the following individuals are, or have been, in the military.

____ Father ____ Mother ____ Guardian ____ Spouse

When did this individual become an active member of the military? Month/Year _____

Active military service (exclude reserve time): From (M/Y) _____ To (M/Y) _____

Was Kentucky the state of residence at the time of induction? Yes _____ No (specify) _____

Did the person maintain, or is the person maintaining, Kentucky as their legal residence while in the service? ____ Yes ____ No

Date of Discharge: Month/Year _____

Comments:

Describe other factors pertinent to your domicile and residency status (attach additional page(s) if necessary):

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OATH

To the student: This statement must be notarized before submission. Do not sign this statement until you are directed to do so by a Notary.

State of _____

County of _____

The undersigned person, being first duly sworn, states as follows: That the foregoing statements and all supporting documents are, and each of them is, true and correct.

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public

County of _____

My commission expires on _____